



## Investigation – RI Definitions & Rules for Entering Investigation

Note: **RED = Required**, **BLUE = Required Conditionally**, **BLACK = Not Required**, **GRAY = Condition Specific**

Brief Description or Field Name	Description	RI Rules for Data Entry
<b>Investigation Summary</b>		
<b>Jurisdiction</b>	The region responsible for the investigation. RI has only 1 jurisdiction	Required
<b>Program Area</b>	The organizational ownership of the investigation. Program areas (e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control. This is pre-populated based on the condition.	Required  Select General Communicable Diseases
State Case ID	Open field to be used by OCD, if needed.	Not Required
<b>Investigation Start Date</b>	Date the investigation was entered into NEDSS.	Required
<b>Investigation Status</b>	The status of the investigation: Open or Closed. Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to CLOSED	Required
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction. Defaults to checked. OK to leave checked. Not in use by RI at this time	Not Required



Brief Description or Field Name	Description	RI Rules for Data Entry
<b>Investigator</b>	<b>The name of the person who is responsible for the case investigation. Quick code = first initial of first name +first 5 letters of last name.</b>	<b>Required.</b>
Date assigned to Investigation	The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned	Not Required
<b>Reporting Source</b>		
Date of Report	Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.	Not Required
<b>Reporting Source (Drop down menu)</b>	<b>Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory</b>	<b>Required</b>
Reporting Source	Name of facility that sent the report. Must use search key or Code Lookup.	Not Required
Earliest Date Reported to County	Date first reported to County	Not Required
<b>Earliest Date Reported to State</b>	<b>Date first reported to State</b>	<b>Required</b>
Reporter	Search table for who Reported the case	Not required.
<b>Clinical</b>		
<b>Physician</b>	<b>Search table for patient's physician.</b>	<b>Required if known</b>
<b>Was the patient hospitalized for this illness?</b>	<b>Was the patient hospitalized for this illness?</b>	<b>Required, if known</b>



Brief Description or Field Name	Description	RI Rules for Data Entry
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Required, if known
Illness End Date	The time at which the disease or condition ends.	Required, if known
Illness Duration	The length of time this person had this disease or condition. Must calculate from End Date and Onset Date	Required, if known
Age at Onset	Subject's age at the time of the incident	Required if NO DOB, otherwise not required
Is the patient pregnant?	Assesses whether or not the patient is pregnant. For Female patients only.	Required for Hepatitis only
Does the patient have pelvic inflammatory disease?	Did the patient have PID?	Not Required
Did the patient die from this illness?	Did the patient die from this illness?	Required, if known
<b>Epidemiologic</b>		
Is this patient associated with a day care facility?	Indicates whether the subject of the investigation was associated with a day care facility. The association could mean that the subject attended daycare or work in a daycare facility.	
Is this patient a food handler?	Indicates whether the subject of the investigation was food handler.	Not Required
Is this case part of an outbreak?	Denotes whether the reported case was associated with an identified outbreak.	Required – fill in “No” unless given specific directions otherwise.



Brief Description or Field Name	Description	RI Rules for Data Entry
Where was the disease acquired?	Indication of where the disease/condition was likely acquired.	Condition Specific
Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Condition Specific
Detection Method	Code for the method by which the public health department was made aware of the case.	Not required
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Not required
Confirmation Date	The date the case was confirmed.	Not required
<b>Case Status</b>	<b>Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.</b>	<b>Required</b>  <b>Case confirmation:</b> Demonstration of ciguatoxin in epidemiologically implicated fish (a variety of large reef fish, including grouper, red snapper, amberjack, and barracuda, which is most common).
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication. Pre-entered field.	Not Required
<b>MMWR Year</b>	<b>MMWR Year (YYYY) for which case information is to be counted for MMWR publication. MMWR year must correspond to year that the event occurred. For example: if the event occurred in Dec 2007 and you entered the information into NEDSS in</b>	<b>Required</b>



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	Jan 2008 you will need to change the MMWR year to 2007	
Administrative		
General Comments	Field which contains general comments for the investigation.	Required. Provide a brief summary of the findings of the investigation. Type of suspect food, where prepared, where eaten, and if traceback was conducted.
Condition Specific Custom fields		
Travel History		
		Not Required
Drinking Water Exposure		
		Not Required
Recreational Water Exposure		
		Not Required
Animal Contact		
		Not Required
Underlying Conditions		
		Not Required
Related Conditions		
		Required